

North Carolina Disposal Initiative (NCDI) – 2017

Grant Request

Introduction and Statement of Purpose

Medicine take back events are an important way to raise awareness for the need to properly store and dispose of prescription medicines. Take back events destroy thousands of doses of unused, unwanted and expired medications each year, thereby reducing the risk of diversion and misuse.

Organizations such as Safe Kids NC-Operation Medicine Drop and Project Lazarus are doing great work to support medicine disposal initiatives throughout the state of North Carolina. This year, Purdue Pharma L.P. is helping Project Lazarus and Operation Medicine Drop expand the number of medicine take back events scheduled in North Carolina in April/May 2017. This initiative coincides with the DEA National Prescription Drug Take Back Day on April 29.

Why are we doing this?

In an effort to increase knowledge about the amount and types of medicines collected during take back events, grants are being distributed to encourage organizers to host additional take back events in April/May 2017. To qualify for the grant, organizers need to weigh the medicines collected during the take back events and complete a tally sheets of all medicines collected. These measurements are critical to document the importance of take back events – and can help ensure that these initiatives continue in future years.

Funds will be distributed to help organizations hold take back events in April/May 2017.

Health and safety professionals in counties throughout North Carolina are encouraged to apply for a “NCDI grant.” Grant will be distributed to counties holding take back events in April/May 2017. The size of the grant will vary from \$1000 to \$2000 depending on the number of events scheduled. Organizations that held an event in March 2017 are encouraged to hold one or more events in April so that they may take advantage of this grant opportunity.

Grants may be used for:

- Materials, supplies, and resources needed to implement the take back event. Examples include printing and promotional materials, such as: rack cards, brochures, posters, flyers for pharmacies, medical offices and clinics.
- Media/advertising
- Stipend for community project coordination (law enforcement officers, pharmacists, staff coordination)
- To purchase a scale to weigh the collected medications
- Medicine disposal costs, if not covered by SBI or other means. This may include costs associated with storage of medicines, transporting collected medicines, or incinerating medicines.
- Biohazard bins

Application Requirements

1. Complete the Application Form

To apply for this grant, please complete the Application Form (Appendix 1) by answering the following questions:

What will you do?

Briefly describe in one or two sentences the activities that your organization will do during the April take back initiative. Provide the location, dates, and times of the events.

How will you promote your event?

Briefly describe in one or two sentences how you plan to “get the word out” about your event. Include any promotional material you plan to use, and give us an estimate of when and where you plan to promote/advertise your event. If you need assistance in obtaining or creating promotional/advertising material, Operation Medicine Drop and Project Lazarus have many resources. Please visit www.NCSafeKids.org or www.ProjectLazarus.org for more information.

2. Confirm presence of Law Enforcement

You will need to submit evidence that law enforcement will be present at your event. Please submit two letters of support from local law enforcement, local coalition leaders involved in the effort, and/or health departments or pharmacies that may have permanent drop boxes. Please contact Project Lazarus if you need more information about this requirement.

3. Agree to provide the following information

Upon receiving grant money, you agree to register the place and time of your event(s) at www.projectlazarus.org/NCDI.

At the end of your take back event(s), you agree to report the following information, at www.projectlazarus.org/NCDI:

- Weight of all opioids collected
- Weight of benzodiazepines collected
- Weight of stimulants collected
- Weight of all other medicine collected
- A completed tally of all prescription and over the counter medicines collected; including dispensed date, quantity dispensed, and quantity disposed for prescription medications
- Examples of promotional materials used

Detailed measurement instructions will be forwarded to all grant recipients

An on-site pharmacist would aid in sorting and tallying medicines. Contact Project Lazarus if you would like assistance in securing the help of a pharmacist at your take back event.

Submission Instructions

Please complete the Application Form (Appendix 1) and include it as a PDF document in your application submission.

Also include with your application:

- A cover letter with the name and contact information of the person submitting the application, along with a statement indicating that the event organizer will provide the measurement information outlined in this RFA
- A completed W-9 form for the person or entity to receive the funds
- Two letters of support from local law enforcement, local coalition leaders involved in the effort, and/or health departments or pharmacies that may have permanent drop boxes. An electronic signature is sufficient for these letters.

Submit your completed application package via email to **Fred Wells Brason II** at ncdi@projectlazarus.org.

Please submit applications as soon as possible but no later than close of business on May.10, 2017. Upon receipt of your completed application, you will be notified. Funding decisions will be made within 2 business days of receiving your completed application.

Points of Contact

Should you have any questions or need clarification, please contact Project Lazarus at 336-667-8100 or NCDI@projectlazarus.org.

Thank you for taking the time to decrease diversion, as well as misuse and abuse, of prescription medication in your community.

Appendix 1: Application Form

	North Carolina Disposal Initiative: Request for Appropriations
<p>Dedicated contact individual for the project.</p> <p>Include name, affiliation, address, phone, and email</p>	
<p>Dedicated individual or organization to accept funds</p> <p>Please attach a W-9 form</p>	
<p>What will you do?</p> <p>Describe in one or two sentences the planned take back events. Provide the location, dates, and times of the event.</p>	
<p>How will you promote your event?</p> <p>Please attach any promotional material you plan to use.</p>	